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CONFIRMATION NO. 6405

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/605,118	<b>FILING OR 371(c) DATE</b> 06/28/2000 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> VENPROO.007C1
<b>APPLICANTS</b> R. C. Quijano, Laguna Hills, CA; Robert Loya, Fontana, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/252,333 02/18/1999 PAT 6,110,201				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/21/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 1  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 27581				
<b>TITLE</b> BIFURCATED BIOLOGICAL PULMONARY VALVED CONDUIT				
<b>FILING FEE RECEIVED</b> 1737	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	